

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031916

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1195

FILED AUG 26 1963

VS 300
Rev. 4/59

10397

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1270-D

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) Springfield		c. CITY OR TOWN Springfield	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 943 N. Jefferson		d. STREET ADDRESS 943 N. Jefferson	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) SADIE L. COLTRANE		4. DATE OF DEATH Month August Day 10 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec 2, 1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 89
13a. FATHER'S NAME Norman Lichliter		13b. MOTHER'S MAIDEN NAME Rebecca (unknown)	11. BIRTHPLACE (City and state or country) Ursina, Pennsylvania
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		12. CITIZEN OF WHAT COUNTRY U.S.A.	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility		14. NAME OF HUSBAND OR WIFE --	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		17. INFORMANT Victor Coltrane, Springfield, Mo.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 8-8-63 to 8-10-63 and last saw her alive on 8-10-63		Death occurred at 10:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS 809 Cherry Street Springfield, Mo.	
22c. DATE SIGNED 8/12/63		23a. REMOVAL (Specify) Burial	
23b. DATE Aug 13, 1963		23c. LOCATION (City, town, or county) Springfield, Mo.	
24. FUNERAL DIRECTOR Jewell E. Windle, Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 8-15-63	
26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 10 1963

8-12-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4293

P. O. Address Springfield, Mo.

Note: The above, MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.